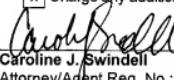


AMENDMENT TRANSMITTAL LETTER				Docket No. 20846-176942
Application No. 10/043,879-Conf. #6278	Filing Date January 14, 2002	Examiner B. W. Dada	Art Unit 2135	
Applicant(s): Fagan et al.				
Invention: SECURE MUTUAL AUTHENTICATION SYSTEM				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	15	- 20 =	0	x 50.00 0.00
Independent Claims	3	- 3 =	0	x 200.00 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0261</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Caroline J. Swindell Attorney/Agent Reg. No.: 56,784				
Dated: <u>March 15, 2007</u>				
VENABLE LLP P.O. Box 34385 Washington, DC 20043-9998 (703) 760-1676				
836519				

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

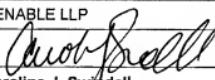
<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)</i>		Complete if Known	
FEES TRANSMITTAL		Application Number	10/043,879-Conf. #6278
For FY 2006		Filing Date	January 14, 2002
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Robert H. Fagan
TOTAL AMOUNT OF PAYMENT (\$ 0.00)		Examiner Name	B. W. Dada
		Art Unit	2135
		Attorney Docket No. 20846-176942	

METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments						
FEES CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type Utility Design Plant Reissue Provisional	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity		Small Entity		Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
	300	150	500	250	200	100
	200	100	100	50	130	65
	200	100	300	150	160	80
2. EXCESS CLAIM FEES						
Fee Description Each claim over 20 (including Reissues) Fee (\$) Fee (\$) Each independent claim over 3 (including Reissues) Fee (\$) Fee (\$) Multiple dependent claims Fee (\$) Fee (\$)						
Each claim over 20 (including Reissues) Fee (\$) Fee (\$) Each independent claim over 3 (including Reissues) Fee (\$) Fee (\$) Multiple dependent claims Fee (\$) Fee (\$)						
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 15 - 20 = 0 x 50.00 = 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 3 - 6 = 0 x 200.00 = 0.00 Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ /50 (round up to a whole number) x _____ = _____						
4. OTHER FEES						
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): _____						
SUBMITTED BY						
Signature	<i>Caroline J. Swindell</i>		Registration No (Attorney/Agent)	56,784	Telephone (703) 760-1676	
Name (Print/Type)	Caroline J. Swindell		Date	March 15, 2007		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	10/043,879-Conf. #6278
		Filing Date	January 14, 2002
		First Named Inventor	Robert H. Fagan
		Art Unit	2135
		Examiner Name	B. W. Dada
(to be used for all correspondence after initial filing)		Total Number of Pages in This Submission	Attorney Docket Number 20846-176942

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form SB/17 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Transmittal <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Caroline J. Swindell		
Date	March 15, 2007	Reg. No.	56,784

PATENT PROSECUTION RECEIPT OF FILING

138521

Venable Filing Number

Atty. Docket No: 20846-176942

Attorney/LAA:

CJS:cja

PTO Due Date: March 15, 2007

Current Date: March 15, 2007

Title of Application: SECURE MUTUAL AUTHENTICATION SYSTEM

Application No: 10/043,879

Filing Date: January 14, 2002

Patent No. :

Issue Date:

The following items were received from Venable LLP, Washington, D.C.,
by the U.S. Patent & Trademark Office on the date stamped hereon:

- Transmittal Form SB/21
- Fee Transmittal Form SB/17
- New U.S. Patent Application
(pages of specification/claims)
- Rule 53(d) Continued Prosecution Application
- Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
- U.S. National Stage Application of PCT Application
- Request for Continued Examination (RCE) under 37 CFR 1.114
- Application Data Sheet
- Substitute Specification
- Priority Document-Cert. Copy of
Appln.#: ; Country: ; Date Filed:
- Formal Drawings (sheets, Figs.)
- Inventor Declaration
- Assignment w/Cover Sheet
- Response to Notice to File Missing Parts
- Response to Notice to File Missing Requirements
- Response to Requirement
- Information Disclosure Statement with cited references
- Response
- Amendment
- Amendment Transmittal
- Power of Attorney
- Petition to Revive
- Sequence Listing – CDR Enclosed? Yes No
- Request for Non-Publication
Reply Brief (in triplicate) / Request for Oral Hearing
- Confirmation of Hearing Petition
- Issue Fee Transmittal
- Certificate of Correction
- Maintenance Fee Transmittal
- Status Inquiry
- Other: (Please describe below)
 Yellow filing receipt

Reviewed By:



Signature of Attorney

U.S. PTO FEES ENCLOSED

- Filing Fee
- Surcharge Fee
- Additional Claim Fee
- Recordation/Indexing Fee
- IDS Fee
- Extension Fee
- Notice of Appeal Fee
- Brief on Appeal
- Oral Hearing Request Fee
- Petition Fee
- Issue Fee
- Publication Fee
- Maintenance Fee
- Other Fees (Describe)

0.00 **Total Fees Paid**

 Check Number Attached Charge Deposit Account No.
22-0261*If Deposit Account was used, was a
copy of this form sent to Accounting? Yes No3/15/07

Date